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FORM**

(to be used for all correspondence after initial filing)

|                                                                                             |                             |                               |                |
|---------------------------------------------------------------------------------------------|-----------------------------|-------------------------------|----------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | <b>Application Number</b>   | 10/799,989                    |                |
|                                                                                             | <b>Filing Date</b>          | 3/12/04                       |                |
|                                                                                             | <b>First Named Inventor</b> | Kipersztok                    |                |
|                                                                                             | <b>Group Art Unit</b>       | 3663                          |                |
|                                                                                             | <b>Examiner Name</b>        | To, Tuan C.                   |                |
| <b>Total Number of Pages in This Submission</b>                                             |                             | <b>Attorney Docket Number</b> | 7784-000497COA |

**ENCLOSURES (check all that apply)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment / Response<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing<br>Parts under 37 CFR<br>1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to<br>Group<br><br><input type="checkbox"/> Appeal Communication to Board of<br>Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):<br><br>"Fee Address" Indication form;<br>copy of Part B - fee transmittal<br>(in duplicate) and postcard |
| <b>Remarks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                 |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                                        |                                  |                      |                |                 |        |
|----------------------------------------|----------------------------------|----------------------|----------------|-----------------|--------|
| <b>Firm<br/>or<br/>Individual name</b> | Harness, Dickey & Pierce, P.L.C. | <b>Attorney Name</b> | Mark D. Elchuk | <b>Reg. No.</b> | 33,686 |
| <b>Signature</b>                       |                                  |                      |                |                 |        |
| <b>Date</b>                            | February 14, 2007                |                      |                |                 |        |

**CERTIFICATE OF MAILING/TRANSMISSION**

|                                                                                                                                                                                                                                                                                                                                           |                |                                   |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------|----------------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. |                |                                   |                                  |
| <b>Typed or printed name</b>                                                                                                                                                                                                                                                                                                              | Mark D. Elchuk | <b>Express Mail<br/>Label No.</b> | EV 757 778 953 US<br>(2/14/2007) |
| <b>Signature</b>                                                                                                                                                                                                                                                                                                                          |                | <b>Date</b>                       | February 14, 2007                |

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